



ACH Debit Origination Authorization

Please print this form, fill in the required information, and mail it or bring it to a Sno Falls Credit Union branch to set up an automated payment plan from your account at another financial institution.

Date:	Account Number:
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I hereby authorize Sno Falls Credit Union (SFCU) to initiate Automated Clearing House ("ACH") debit entries to my account described below, and to Credit the same to my loan account at Sno Falls Credit Union. The amount, frequency, and other details of the entries are further described below. In the event of an error, I give Sno Falls Credit Union permission to make a correcting debit or credit entry as necessary.

ATTACH/STAPLE VOIDED CHECK TO ENSURE PROPER ACCOUNT INFORMATION

SOURCE OF FUNDS			
Member Full Name(First, MI, Last):			Daytime Phone Number:
Name of Financial Institution:			Financial Institution Routing/ABA Number:
City:	State:	Zip Code	Telephone number of Financial Institution:
Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/>			Account Number at Financial Institution:

PAYMENT ALLOCATION			
Total Distribution Amount:	Starting Month:	Posting Date of Month (1 – 27 only)	New loan/saving Transfer <input type="checkbox"/> Change Existing <input type="checkbox"/>

ITEMIZED DISTRIBUTION		
Account	Suffix or Loan Number	Amount

This authorization is to remain in full force and effect until SFCU has received written notice of termination from me, and SFCU has had reasonable time to act on the notice. I understand that SFCU reserves the right to cancel ACH transactions without written consent under certain circumstances. Reasons that the credit union may exercise their right to cancel an ACH transaction include, but are not limited to the following: 1) Loan to which credit is being applied has been paid in full. 2) An ACH transaction is returned to SFCU due to a stop payment or closed account. 3) SFCU receives excessive NSF returns of an ACH transaction. In the event of a cancellation, a new ACH debit origination form must be submitted in order to re-initiate the ACH debit. If selecting "Change Existing Transfer" this form will void any previous transfers that may be withdrawn from the other institution. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law, and that ACH transactions are subject to the operating rules of the National Automated Clearing House Association. I understand and agree that in order for SFCU to make the debit entries requested in this authorization, I must have the payment amount available in my account. Any ACH entries returned to SFCU for insufficient funds will be subject to a \$35 NSF fee. Returned ACH entries will result in a reversal of the credit(s) posted, and a late penalty may also be incurred in accordance with the terms of the loan documents. I(We) understand that the account cannot be closed if there is a balance owed on returned fees. In circumstances where a loan may only have a partial payment due, the Credit Union will continue to collect the total distribution amount until the loan balance is paid in full. Any excess funds will be credited to your SFCU savings account.

I(We) hereby acknowledge receipt of a copy of this authorization.

<p style="text-align: center;">_____ Signature(Primary Owner)</p>	<p style="text-align: center;">_____ Signature(Joint Owner)</p>
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To be completed by SFCU employee.

Employee initials: _____ Date received: _____ Canceled Authorization: _____ Date Canceled: _____